Ante-natal Clinics.

Accessory to the State and public hospitals there are 37 ante-natal clinics available for free advice and attention to all women applying. Table III gives the attendances at these clinics, and shows their gradual extension over a period of eleven years.

Table III.

Year.	Number of Clinics.	New Cases.	Return Visits.	Total Attendances.	Average Number of Attendances per Patient.	Live Births.
1925	16	2,289	7,816	10,105	4·41	28,153
1926	20	3,238	12,554	15,792	4·88	28,473
1927	20	3,919	15,406	19,325	4·93	27,881
1928	21	5,050	20,740	25,790	5·11	27,200
1929	24	5,177	17,555	22,732	4·39	26,747
1930	25	6,027	22,078	28,105	4·66	26,797
1931	28	6,306	22,869	29,175	4·63	26,662
1932	31	5,882	22,594	28,476	4·84	24,884
1933	33	5,978	25,794	29,772	4·98	24,334
1934	34	6,191	24,929	31,120	5·03	24,322
1935	37	6,725	26,662	33,389	4·96	23,935

The 6,725 women who attended these clinics represent 27·5 per cent. of the total confinements. The clinic records show that the following conditions were detected and, when necessary, treated or referred for treatment: Albuminuria, 205; pre-eclamptic toxæmia, 439; goitre, 475; varicose veins, 1,212; dental deficiencies, 1,147; hyperemesis, 62; hydramnios, 70; multiple pregnancy, 84; suspected contracted pelvis, 100; malpresentations, 150.

General Hospitals (Medical and Surgical).

Public and private medical and surgical hospitals also admit maternity patients in the case of emergency or complications arising in private practice, and pyrexial or septic cases transferred for isolation purposes from maternity hospitals. The cases, both European and Maori, admitted to the medical and surgical hospitals are classified as follows:—

Admissions before delivery—
For ante-natal treatment 34
For delivery—
Emergency cases without complications 33
For complications arising before or during labour 269
Admissions after delivery—
For complications of the puerperium 204

One hundred and twenty-five of the 269 patients admitted before delivery were delivered by Cæsarean section, 138 by obstetrical methods, and 7 died undelivered. The extreme gravity of the conditions dealt with in these hospitals is shown by the fact that 22 of the above-mentioned 269 patients died, giving a death-rate of 8·18 per cent.

Of the 204 patients admitted after delivery for complications arising during the puerperium, there were 9 for eclampsia, 10 for post-partum hæmorrhage, 81 for puerperal sepsis, and 104 for other pyrexial conditions not diagnosed as puerperal sepsis and recorded as mastitis, pyelitis, pneumonia, tuberculosis, &c. Eighteen of the 204 patients admitted after delivery died, 11 (including Maoris) from puerperal sepsis, 3 from tuberculosis, 1 from pneumonia (non-septic), 2 from post-partum hæmorrhage, and 1 from eclampsia.

The above record shows the very grave nature of the cases admitted to these hospitals, and that they require a very high degree of obstetrical knowledge and skill both by the medical attendants and nurses to give them adequate treatment. The majority of the public hospitals admitting cases prior to delivery do so for the reason that they have no maternity hospital attached to them, but most of them have made fairly adequate provisions by the appointment of obstetric specialists and midwives and the establishment within the hospital of small obstetrical departments. There are, however, two outstanding cases of hospitals admitting such patients which have failed to make this provision. Endeavours have been made and will continue to be made by the Department to remedy this deficiency by persuading the Boards to appoint obstetric specialists to the staff and, where possible, to establish special wards staffed by midwives for attendance on these patients. This matter will be again referred to in discussing the treatment of patients by Cæsarean section.

Supplementary to the maternity hospital services which provide for over 75 per cent. of deliveries, and to the ante-natal clinics, which in conjunction with the patient's medical attendant, give advice to 27·5 of expectant mothers, the remainder being dependent upon their private medical advisers alone, there are 28 District Nurses employed by the Health Department and 28 employed by Hospital Boards. The details of this branch of the obstetric services are shown in the report of the Director, Division of Nursing.

In spite of the deficiencies noted above, New Zealand has a well-organized maternity hospital service, and the majority of Hospital Boards and the licensees of private hospitals are